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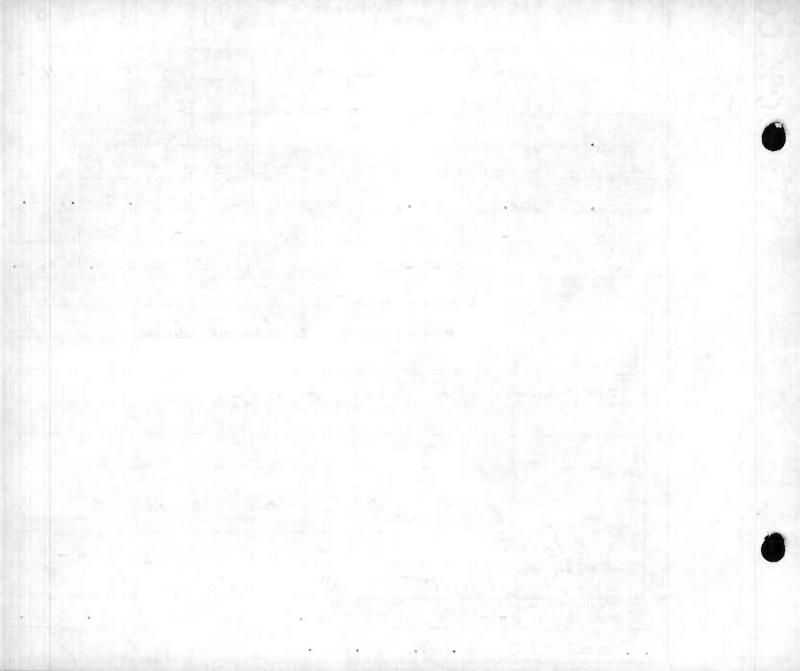
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A Total and A House Committee Commit REPORT OF A COUNTY OF A SECOND burist Hay 16, 1980 S. A. Somple Lin. Structure Virginia Correct Editors, 1 Hour, 208 at the St., Cambridge

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ng physicio certificate t mal-transit ental Hygie them 18 sha		216. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJ	JRY IN ITEM TS, PART	T OR PART 2]	
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y the har AL DIREC detached ote Dept. VT: If them	2	276. SIGNATURE	1. 10	auns	1	ATTENDING PHYSICIAN			5 1	SIGNED
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	1	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYD RTIFICATE OF DEATH	REG. NO	12989
may be desurb		ECEASED NAME FIRST E OR PRINT) R R R R R R R R R R R R R	-1	LAST ATÉ OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH A	AONTH DAY YEAR 75 HOUR
deoth Page thus 7 house	7a B	IRTHPLACE (STATE OR FOREIGN OF THE PROPERTY OF THE PROPERTY OF TOWN OF DEATH	11211	ARRIED NEVER MARRIED DOWED DIVORCED	BALTIMORE CITY OF	ESTER M
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ORE, MARYLA mecated within rid completely f ges. 1 and 2 she dicol equinnel	9/ 14. F. 16a	ATHER'S NAME JUSTIAM WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GIV	MIDDLE BRYAI	IS MOTHER'S MAIDEN NA FIRST FIRST	ME MUDDLE ADDRES	S CHESTER
W. PRESTON ST., BALTIN to the death certificate be by the offending physician by remove carbon papers. I, cremotion, or an entitlement other troumotic entit them.		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE	ON ARY EM	BNUS	AS POSUWATE INTERVAL BETWEEN ONSET AND ORALM ONSET AND ORALM
es the	CERTIFICATION		CONDITIONS CONTRIBUTING TO DEATH		NINAL DISEASE OR COND	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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PIVIS R ATTENDING P hospital or after RECTOR. After t hed for use as the ept. of Health and	<	sow the deceased alive or	ital) attended the deceased from 19	ond that in (my) (or) opinion	to 5/5	, 19 that (I) feel lost te and hour and from the couses stated
HOSPITAL O		224 PHYSICIAN'S NAME TYPE CO	Postocella u STOECKLE M	ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSICI	MBRIACE MS.
0	23a.	BURIAL, CREMATION, REMOVAL	. 23b DATE ZIC NAME	OF CEMETERY OR CREMATORY	23d. LOCATION	· control state 1

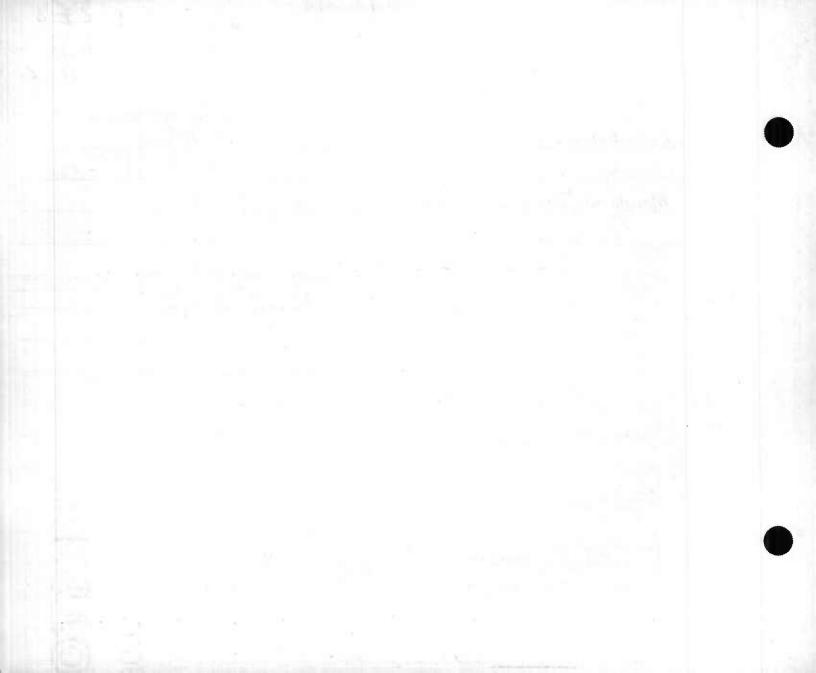
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ors offere	3 SE	emale	white	5. DATE C		6. AGE (IN YEARS LAST BIRTH	YRS.	S DAYS H	FUNDER 24 HRS
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hould be	M	AL RESIDENCE (IF NURSING HOME OF STATE 186 COURS	13c CITY OR T	OWN	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS		- in	
O comin		ATHER & NAME FIRST UNKN			15 MOTHER'S MAIDEN NA FIRST	UNKNOWN ADDRE	s e	LAST	
the medical	160 (VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SI EWAR OR DATES) 154-09	-2584	Sally min	kny & PA	2		
leose remove corbonpop ial, cremotion, or removo or other troumotic event,		PART I. DEATH WAS CAUSE	one cause per line for (o), (b) D BY. TE CAUSE (o) DUE TO, OR AS A CONSE (b): DUE TO, OR AS A CONSE (c)	OUENES OF EL	Braichop reralijed ar	neumonia Kurrlero	ris	BETWEEN ONS	YE INTERVAL
t permit. Then priene prior to bur ows ony injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT I	Main Sys	dron	, Cruiar	1.0	20b. IF YES, WE IN CERTIFYING	RE FINDING	S USED F DEATH? NO
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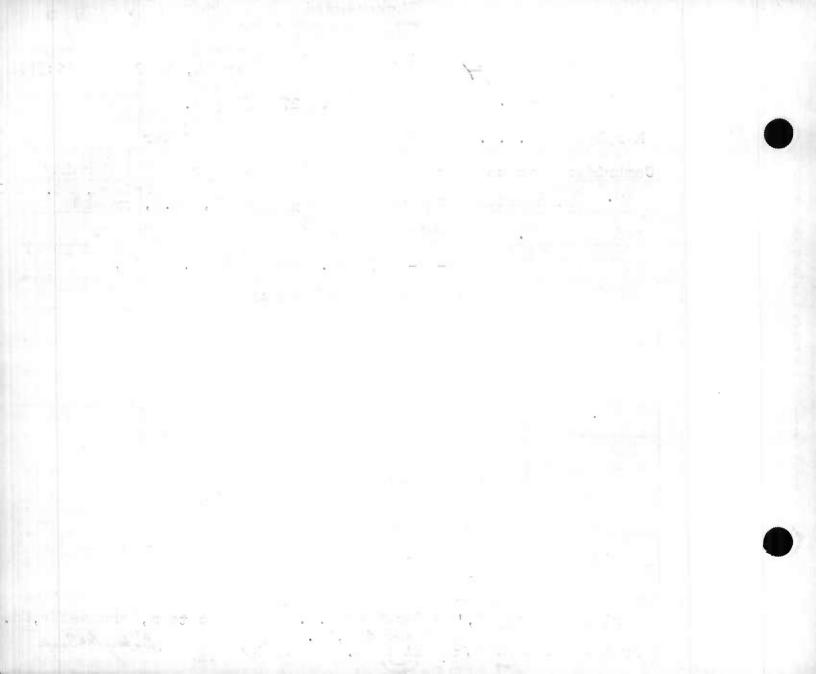
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E, MD. 2 DEATH. III ES 1, 2, A PM 3. AND 2 SI	14. F	Carl		WIDDLE	Pind	er Sn		IS MOTHE			MIDDL	ı H	olli	LAST S	
BALTIMORE, MD. 2120 URS AFTER DEATH. IF AN B. GNE PAGES 1, 2, ANI WITH FORM PM 3. REI PAGES 1 AND 2 SHOU DIVISION OR VITAL RECC	160.	WAS DECEASED YES, NO, OR UNKNOV YOS		WAR OR DAYEST		11-786		Mary		lis	512	Cedar	ambr St.	idge,	Md.
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TO MEDICAL E EXECUTE THE O PAGE 4 SHOUN TO FUNERAL I AFTER DEATH, BALTIMORE, M.	220 B	EXAMINE, (TYPE OR PRIN	ION, REMOVAL		r MI) .		DDRESS			dge, N	nd.			
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ī	DECEASED NAM	NE FIRST		MIDDLE		LAST		20. D	ATE KNOWN		DAY YEAR	26 HOUR
	(TYPE OR PRINT)	Edwar	rd	Phil	lip	Krs	al	DE	OF ESTI-	□ 5-1	15-1980	AMM
3	SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEAR	S IF UNDER 1 Y	R. IF UNDER	24 HRS. 2t. (DATE	HTHOM	DAY YEAR	2d HOUR
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9	4 FATHER'S NAM	Æ	MIDDLE		LAST	15. MO	THER'S MAIDE	NAME	MIDDLE	-/	LAST	
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1	(YES, NO, OR UNKN	ED EVER IN U.S. AR	MED FORCES? WAR OR DATES)		IAL SECURITY	NO. 17. INF	ORMANT		1,ADDB			1621
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	gove cause (c lying co	ons, if ony, which rise to immediate a) stating the under- ouse lost.	(b) DUE TO, C	OR AS A CON	ISEQUENCE O	F						Mins.
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	S 190. DATE C	FOPERATION	196. CONE	OITION FOR	WHICH OPERA	TION WAS PERI	FORMED?				20 AUTOPS	Y?
×	E										YES 🗌	NOX
3	UNDERLYIN	IAL CAUSE WAS GOR ING CAUSE OF	HOUR A.	OF INJURY .M. MONTH .M.	19			ED (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PAR	RT 2)	
	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		E OF INJURY ACTORY, FARM, E		211. LOCATION STREET			OR TOWN	COL	YTHU	STATE
	220. I cer death resu ACTUAL SIGNATURE	V -	ge of the remains d	Accident	Suid	TITL	Inspection omicide LE (SPECIFY) OPPUTY	Undetermin	ed manner	ond in my op , DATE SIGNE		/80
d	EXAMINER (TYPE OR P	SHAME WITH	John Mad		. M.D.	ADDRES			idge, N	Md.		
	(SPECIFY)	ATION, REMOVAL				ETERY OR CREM		23d. LOCAT		COUP		STATE
	Burial		5-17-80	Qur	Ladyo	fGoodCo	ounsel	Secre	tary.	Dorch	ester,	MD
3	24. FUNERAL DIRE		ADDRE	:55			750	REC'D. BY REG	الشعر	GISTRARSS	MATURE	
	Zeller	Funeral	Home, E	astNe	WMark	et, MD	MAY	2.3 1980	1	- you	-Creedy	

far diffill braubl ale Cauc. S y 25 34 Adu Mansiyas 1931615101 Contriduct Jordan Control Page Jordan Joseph Jo. applicated Not charter that we was referred bracking Visitale ral Sophie Margon 220-20-20-2019 Alice tral fact law Mar of 10-01 Burisl -17-00 JuriacyofOcocoloungel corelary, Grenester, Ly John Burerel Botte, Sagtherward at Land



	1.	FOR	DEPAR	STATE OF MARYLA RTMENT OF HEALTH AND R	MENTAL HYGIEND	0 1	2 9	, 0
	Ľ	STATE REGISTRAR	WIDDLE	CERTIFICATE OF D		REG. NO.	H DAY YEAR	2b. HOUR
ofter death		CEASED NAME FIRST Edwa				ay 30, 19	80	7:00
ter d	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AC	GE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
0	_	ale	Caucasian	7 7	14		YRS.	
35	" "5	IRTHPLACE (STATE OR FOREIGN OUNTRY) aryland	76 CITIZEN OF WHAT COUNTR	WIDOWED DI	VORCED D	altimore city <u>or</u> colorchester	County	
Day of		ity or town of death urlock	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR North Main	REET ADDRESS)	(TYP	USUAL OCCUPATION E OF WORK FOR MOST OF WOR armer	RKING LIFE) INDUSTRY	of BUSINESS OR
The same of	120	STATE STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	ITY LIMITS? 13e.	STREET ADDRESS	Futondo	
0		ryland Dor	chester Hurl		NO X N	orth Main	Extende	30
390		FIRST	haniel Med		lizabeth	Ann		odrow
	16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE			APORESS1		
Medical Management		YES, NO OR UNKNOWN) (1F YES, GI	217-36	6-1674 Jeans	ette Med	ford, Hurl	ock. MD	21643
injury, or other troumotic	Z	Canditions, if any, which gave rise to immediate couse (a), starting the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE TOP OF T	OUENCE OF	or to the TERMINAL	DISEASE OR CONDITK	ON GIVEN IN PART I	ear
À C	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFO		00 AUTOPSY? 200	IF YES, WERE FIND CERTIFYING CAUSE YES	INGS USED S OF DEATH?
Hem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	DAY YEAR		(ENTER NATURE OF INJURY IN I	ITEM 18, PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	ON	CITY OR TOWN	COUNTY	STATE
2000		saw the deceased alive above, () (we) (did) (did)	pital) attended the deceased fro		19 7	to h occurred on the date a		, that (Dwe) la
LT. If Bem		22b. SIGNATURE	and ()	mp.	PHYSICIAN DI	EDICAL STAFF RECTOR PHYSICIAN	-	131/80
with the Stote		Thomas W. I	//	1.D. 139 S	. Washi	ngton St.	. Easton	MD
3		BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
- /1		urial	6-1-80	Jnity Washin	ngton	Hurlock D	orcheste	ATURE MD
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				STATE OF MA		2 0	1 2 0	9 7
	1-	FOR STATE	DEPA	RTMENT OF HEALTH A		NS U	1 6 1	, ,
		REGISTRAR William	~ (t)	CERTIFICATE		REG. NO		
-		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YE	AR 2b. HOUR
		Willia	$\sim \omega$	miller		5/18/	90	1 7PM
	3 SE	X	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTI		
		M	White		LZ /3	76	YRS.	DAYS HOURS MIN
	7a. BI	RTHPLACE STATE OF FOREIGN	L CITIZEN OF WHAT COUNT	RY? B		BALTIMORE CITY O		TH .
75	7	hila. Pai	1157	WIDOWED NE	DIVORCED	DORCHE	STER	MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER	INSTITUTION 1	20 USUAL OCCUPATION		IND OF BUSINESS OR
13	(ambridge	(IF NOT IN SUCH EACILITY, GIVE ST	REET ADDRESS		Foreman	WORKING LIFE) INDU	omibile
-	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE B					
25	130 3	STATE MA 136 COUNT	1 comich of	shan YES	DE CITY LIMITS?	410 Camb	en Ave.	21801
-	14. FA	THER'S NAME	Territoria.	3 3 46 14 4	HER'S MAIDEN NAME			
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-	16n V	VAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIALS	ECURITY NO. 17 INFO	2 M MY N	ADDRE	Maple	moon
2			WAR OR DATES!		alter Mi		me as 13	
					- Park	Mirtum		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one cause per line for (a), (b) BY.	ond coll	0 -	1) Bronchop		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		IMMEDIATE	CAUSE (a)	use per	lark	4 11 -	~	3 hours
		410-	DUE TO, OR AS A CONSE	QUENCE OF .	00	2) Emphaso	ma -	
		Conditions, if ony, which gove rise to immediate	(b) Rea	ellered	U.D.	3) (win er	noon o	years
		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	QUENCE OF		1:17	7 2	
		onderlying coose last	(c)	CU() - 1	THOCEED	120 LN 761	chos 6	reaks.
	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERMIN	IAL DISEASE OR COND	TION GIVEN IN PA	RT 1(a)
	CERTIFICATION							
	ICA	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PI	RFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA	INDINGS USED USES OF DEATH?
	RTIF					YES NO	YES 🗌	NO NO
2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH		W INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PA	RT 2)
1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		TATION	CITY OR TOW	N COUNT	Y STATE
	>	AT WORK NOT WHILE AT WORK	(A. HOME, SINCET, FACTONT, OFF	ice, ranm, etc.,				SIAIE
70		22a. I certify that if (this hospita	ol) ottended the deceased fro	m 3/14	19_//	, to 3/1	S 19 SL	, that w (we) lost
		sow the deceased alive on	5/18	9 So, and that in	(pv) (our) opinian de	ath occurred on the do	te and hour and from	m the couses stated
		22h SIGHOWS ()	view yie body drief debili.	DEGREE			22c. I	DATE SIGNED
		KN613	50 81)		ATTENDING PHYSICIAN	MEDICAL STAF		118/80
1		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADI	DRESS			70700
		E.O. Oalas	maler 177.	0 E.	S.H.C. (Cambese	Vec, 172	2.
-	23n B	URIAL, CREMATION, REMOVAL	23b. DATE 12	3c. NAME OF CEMETERY		23d LOCATION	1	
	B	Prial	5-22-80 M	hitemarsh	Mem'l F	k Prospe	ctvil'ie.	Mont STATE Pa.
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FOR

- STATE

(VR A 15 (4))

12b. KIND OF BUSINESS OR Housewife Working LIFE) Homemaker Box By Fishing Creek, Md. Caskey Same as APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES 21c. HOW INJURY OCCURRED | JENTER NATURE OF INJURY IN ITEM TB, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED Hoopers Island, Dorch. Md. 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 Cambridge, Md. Curran Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

DAY

YEAR

IF UNDER I YEAR

MONTHS DAYS

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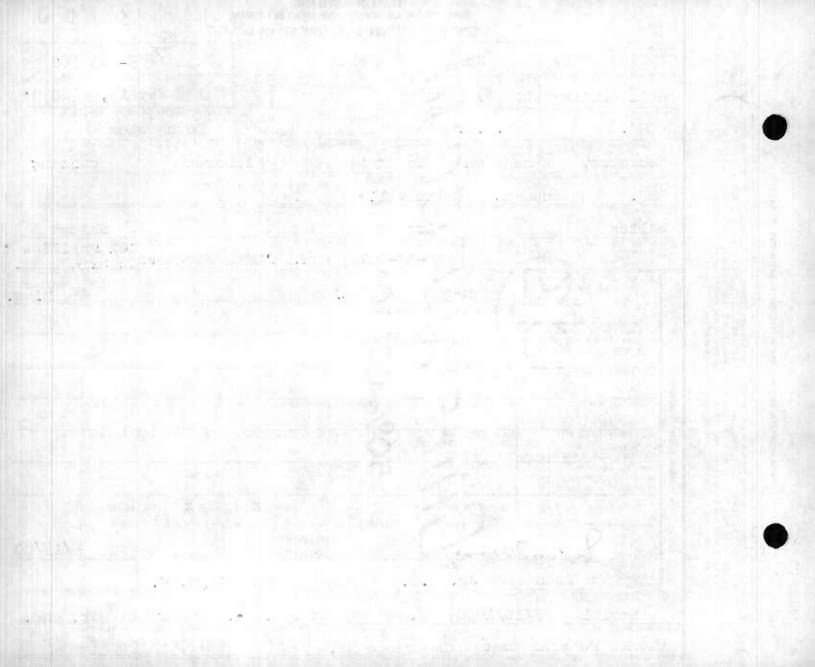
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REGISTRAM DECEASED NAME FRST	1-	FOR STATE		HEALTH AND MENTAL F		3 0 0 0		
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D SEX SACE OF SATE O		CENSED INVITE			20. DATE KNOWN	w		
Marting Mart	3. SE)	Joseph	n James	Price		5- 13 ₁₉ 80 AM _M		
The BRITHPIACE LITER ON THE COUNTY OF DEATH SECTION WITH A COUNTY OF DEATH OF THE COUNTY OF T	3. SE)		MONTH DAY YEAR LAST BIRTHD		24 TIKS. Zt. DATE	24.1100K		
NAME Note	I	male white	03 22 1904 76 _Y	Months Bills Mooks	DEAD May	13, 1,80 8AM		
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134 STATE UNIT COUNTION 135 CETY OR TOWN 136 MINER CITY WIND 136 MINER CITY WI		Secretary	home on State R	: 14	laborer			
MG. Wicomico Pittsville YES TAO ? 14. FAIHER'S NAME MODIE MATY MATY Shimek MATY MATY	USU/	AL RESIDENCE (IF IN MURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	ON)	1124 STREET ADDRESS			
Walter Mary Mary Special Mary Shimek Mary Mary Special Mary Shimek		Md. Wice	omico Pittsvi		?			
Walter			WDD15	15. MOTHER'S MAIDI	N NAME	1 457		
168. SOCIAL SECURITY NO. 17 FES. ORG. WAS DECERSORY 18 FES. ORG. WAS DECENSIVE OF CONTRIBUTION OF COLUMN 18 FES. ORG. WAS DECENSIVE OF CONTRIBUTION 18 FES. ORG. 18 FES.	DI	Walter	Price	Mary	MIDDLE			
Secretarion Steel	16a. V	WAS DECEASED EVER IN U.S. ARM	LA OR DAYES			202 Dhilling		
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY MARPHOLIATE CAUSE (a), COTONARY OCCURSION Conditions, if any, which gave rise to immediate couse (a) storing the under-lying couse lost. (b)	, ,	yes W	220-10-6	672 Mrs. Al	bina Stephens	Cambridge Md		
PART I DEATH WAS CAUSED BY: MAMEDIATE CAUSE (a)		18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c),)			APPROXIMATE INTERVAL		
DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave rise to immediate couse (o) storing the under- lying couse lost storing the under- lying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (B). 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR AN MONTH DAY YEAR UNDERLYING CONTRIBUTING COUNTY OF INJURY HOUR A.M. MONTH DAY YEAR ON THE NUMBER OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) 210. LICETIFY that I took charge of the remains described above, held on Autopsy (AT HOME. AT WORK) 211. LICETIFY that I took charge of the remains described above, held on Autopsy (AT HOME.) 212. LICETIFY that I took charge of the remains described above, held on Autopsy (AT HOME.) 213. EVANIBREY FLAME LYPE OR PARTN 1 214. DATE SIGNATURE EXAMINER'S HAME 10 Mace Jr. M.D. ADDRESS. Cambridge, Md. 215. New Market Dor. Md. 216. ENEW Market Dor. Md.				clusion				
GOVE rise to immediate couse (a) storing the under- lying couse lost: PART 7 OTHER SIGNIFICANT (ONOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 19a. DATE OF OPERATION		410 - IMMEDIATE						
COUSE (0) Stoting the under- lying couse lost. DUE TO, OR AS A CONSEQUENCE OF								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e). 196. DATE OF OPERATION	EMDING IN PERUL IN F. MEDICAL EXAMINER D AS A BURIAL-TRANSIT FEATH AND MENTAL HY REMATION, OR REMOVA	couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	OF				
198. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 20. AUTOPSY? YE		lying couse lost.	(6)					
UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK AT WORK NOT WORK		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).						
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21d. INJURY OCCURRED WHILE NOT WHILE 120. I Certify that I took charge of the remains described above, held on death resulted fram: Natural couses Accident , Suicide , Homicide Undetermined monner , TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGNED 5/15/80 EXAMINER: NAME John Mace Jr. M.D. Address Cambridge, Md. 236. BURIAL (SPECIFY) DATE SIGNED 5/15/80 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE DATE SIGNED 5/15/1980 E. New Market Cem. E. New Market Dor. Md.	S X	UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.M. 10					
AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Notural couses , Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGNED 5/15/80 EXAMINER'S NAME John Mace Jr. M.D. 23a. BURIAL (SPECIFY) ADDRESS Cambridge, Md. 23a. DATE SIGNED 5/15/80 E. New Market Cem. E. New Market Dor. Md.	PRIOR TO BURIAL MEDICAL CERTIF	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME,		CRV OA 10	COLINITY		
22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X, and in my opinion death resulted fram: Notural couses X, Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGNED 5/15/80 EXAMINER'S NAME John Mace Jr. M.D. ADDRESS Cambridge, Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL SIGNED 5/15/1980 E. New Market Cem. E. New Market Dor. Md.	×	AT WORK AT WORK	SIREEL, FACIONY, PARM, ETC.	SIREEI	CITY ON TOWN	COUNIT STATE		
death resulted fram: Notural couses X, Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMINER SIGNED 5/15/80 EXAMINER SHAME John Mace Jr. M.D. ADDRESS Cambridge, Md. 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE burial 5/15/1980 E. New Market Cem. E. New Market Dor. Md.	AFTER DEATH WITH THE STATE BATTIMORE, MARYLAND, 21201F		af the complex plants of the control					
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EXAMINER'S NAME John Mace Jr. M.D. ADDRESS Cambridge, Md. 236 BURIAL (SPECIFY) Durial 5/15/1980 A.D. Deputy Medical Examiner SIGNED 5/15/80 ADDRESS Cambridge, Md. 236 Cambridge, Md. 236 Cambridge, Md. 237 Cambridge, Md. 238 DURIAL (SPECIFY) Durial 5/15/1980 E. New Market Cem. E. New Market Dor. Md.	18							
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T30. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CHY OR TOWN CHY OR TOWN CHY OR TOWN CHY OR TOWN BURIAL 5/15/1980 E. New Market Cem. E. New Market Dor. Md.		SIGNATURE	The state of the s	M.D. DOULGY	MEDICAL EXAMINER	SIGNED		
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burial 5/15/1980 E. New Market Cem. E. New Market Dor. Md.	73n B	The state of the s						
	(:	SPECIFY)			CITY OR TOWN			
24. FUNERAL DIRECTOR NAME ADDRESS PO BOX 348 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	24. F	UNERAL DIRECTOR		100 0 100				
Thomas Funeral Home Cambridge Md. MAY 2 0 1980		Thomas Funera	1 Home Cambrid		2 0 1980	y McCreedy		



STATE OF MARYLAND

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

- STATE REGISTRAR

REG NO

YEAR

26 HOUR

UNDER 24 HRS

TE LINCLE D. VE AD

126. KIND OF BUSINESS OR

INDUSTRY

LAST Henry

APPROXIMATE INTER

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

COUNTY

and that in (my) (aur) apinian death accurred an the date and hour and fram the couses stated

22c. DATE SIGNED

STATE

STATE

Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR Cambridge Md. Thomas Funeral Home

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

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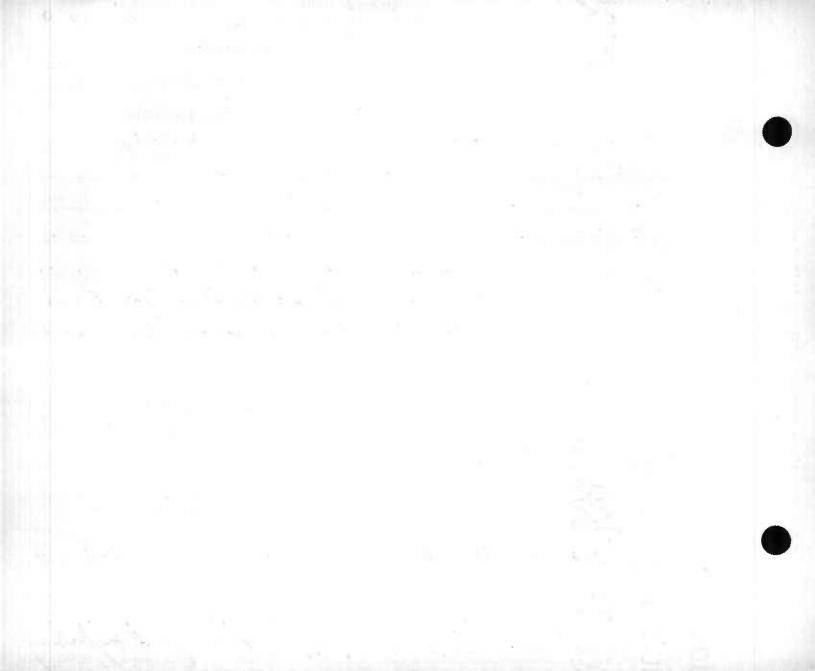
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	- STATE REGISTRAR					EALTH AND MENTAL HYG ICATE OF DEATH	REG	NO.		
	DECEASED NAME	FIRST	MIDDL	E	U	AST	20. DATE OF DEATH		DAY YEAR	26. HOUR
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3	SEX /	4	RACE White		S DATE O	DAY YEAR	& AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS 1
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	CITY OR TOWN OF DE	ATH 11	. NAME OF HOSE	PITAL, NURSING		D DNORCED DROTHER INSTITUTION	12ª USUAL OCCUP	ATION	12b. KIND	OF BUSINES
63	Cambridg	e I	Orches			ospital	Waterma		FE) INDUSTRY	
) U	SUAL RESIDENCE (IF NUI la. STATE Md.	136 COUNTY	13c.	RESIDENCE BEFORE	١ ١	134. INSIDE CITY LIMITS?	134 STREET ADDRES			
14	FATHER'S NAME	MID	DLE	LAST		15 MOTHER'S MAIDEN NA	WE		C : LA	12
16	Charle was DECEASED EVE			SOCIAL SECUR		Winnie		PRESS	DIII	mons
1 16	(YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES]		2859	Mrs.Alice	C. Traver	s . Caml	bridge	Md.
	Conditions, if on gave rise to in cause (a), statumentlying cause	nmediate ing the	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUE	NCE OF	Adecocar	cuswa	of Cola	n Z	gears
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MEN AND AND AND AND AND AND AND AND AND AN	gave rise to in cause (a), stoty underlying cause (a), stoty underlying cause (b) and the cause (a) and the cause (b) an	y, which nmediate ing the se last GNIFICANT COI ATION NOERLYING CAUSE OF DEATH (CAL EXAMINER) RRED WHILE VORK I) (this hospital seed alive an (did) (did not) y	DUE TO, OR AS (c) DUE TO, OR AS (c) IPP CONDITION 21b. TIME OF IN. HOUR A.M. 21a PLACE OF IN. (AT HOME, STREET, F.) ottended the de	N FOR WHICH O	PEATH BUT DPERATION Y YEAR 19 RM, ETC.)	216 LOCATION STREET 21f LOCATION STREET 19 10d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 222e ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF II CITY OR deoth occurred on the	206. IF YE' IN CERT M YE AJURY IN ITEM 18, F	S, WERE FIND FYING CAUSE: S T COUNTY 19 27 and from the	NGS USED NGS USED STA STA that (I) (we causes stol
MEN AND AND AND AND AND AND AND AND AND AN	gave rise to in cause (a), stoty underlying cause (a), stoty underlying cause (b) and the cause (a) and the cause (b) and the cause (c) and the constant (c) and the cause (c) and the constant (c) and the consta	y, which nmediate ing the se last GNIFICANT COI ATION NOERLYING CAUSE OF DEATH (CAL EXAMINER) RRED WHILE VORK I) (this hospital seed alive an (did) (did not) y	DUE TO, OR AS (c) DUE TO, OR AS (c) 19b CONDITION 21b. TIME OF IN. HOUR A.M. P.M. 21a PLACE OF IT (AT HOME, STREET, F.) ottended the de	N FOR WHICH COUNTY MONTH DATE ACCORD FROM 19 r death.	PEATH BUT DPERATION Y YEAR 19 RM, ETC.)	216 LOCATION 216 LOCATION STREET , 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF II CITY OR death occurred on the	20b. IF YE. IN CERT III YE IN TEM 18, I	S, WERE FIND FYING CAUSE: ES COUNTY 19 For and from the	NGS USED S OF DEATH NO []



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME FIRST WIDDIE 2a DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 0 WILCOX ODIE D.M 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YE AD CAYS HOURS BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED WIDOWED DIVORCED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OPHUSINESS OR INDUSTRYBUILD RXXXXCarpenter BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF WIRSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY filled ould I 13c CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS amonidae 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Alice MIDDLE MIDDLE Hubeand puo ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Mrs. Iona Wilcox Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE 10 DUE TO OR AS A PONSEQUENCE Canditians, if any, which gave rise to immediate cause (a), stating the MISEQUENCE underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20h. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NO YES T NO F 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION à 21d. INJURY OCCURRED 21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the declased fram, DIRECTOR , and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated saw the deceased alive an. 22b. 510NATO DEGREE ATTENDING MEDICAL STAFF FUNERAL State PHYSICIAN = MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b MEHTA VINDORAI 0 230 BURIAL CREMATION, REMOVAL (SPECIFY Burial 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION Hudson May 6,1980Spedden-Seward Dorchester BP. 24. FUNERAL DIRECTOR ADDRESS 308 High St. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 Curran Funeral Home Cambridge . Md . (VR A 15 (4))

Authoria, an am bride - madhemile F. Will Enland Turban Fubricula Police Contention, Pd.